DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Adult Tuberculosis (TB) Risk Assessment Questionnaire

Last Name_____ First Name_____ MI___ ID#_____

Address_____ City_____ State___ Zip_____

Phone_____ Date of Birth_____ Email_____

1. **Have you lived for two months or more in the countries that are posted in the CDC TB Endemic? http://www.stoptb.org/countries/tbdata.asp**

   NO_____ Yes____ Country_____

2. **Have you been diagnosed with a chronic condition that may impair your immune system?**

   NO_____ Yes____ Indicate Yes to any of the below with a check mark

Chronic Steroid ☐	Gastric bypass/Gastrectomy ☐	Diabetes ☐
HIV infection ☐	Crohn's Disease ☐	Renal Failure/Dialysis ☐
Cancer of head or neck ☐	Rheumatoid arthritis ☐	Chronic Malabsorption ☐
Silicosis ☐	Use of TNF-a antagonist ☐	Low body weight (10% below ideal weight) ☐
Leukemia, Lymphoma ☐	Other_____	

3. **Do you currently have any of the following symptoms? NO_____ Yes_____**
   Check all that apply

Cough>3 weeks ☐	Unexplained fever ☐	Tiring easily ☐	Loss of appetite ☐
Coughing up blood ☐	Unexplained weight loss ☐		
Night Sweats ☐	Chest pain ☐		

4. **Have you ever resided, worked or volunteered in any of the following facilities?**
   NO_____ Yes_____ Check all that apply

Detention Center/Prison ☐	Nursing Home ☐	Other☐
Homeless Shelter ☐	Drug/Alcohol Center ☐	Group Home ☐

5. **Have you ever had contact with a person who was known to have active infectious tuberculosis?**

   NO_____ Yes_____ Where_____Date_____

6. **Have you ever had a tuberculin skin test before? No_____ Yes_____ if yes where was the**

   test given_____ Results (mm) ____ Date_____

7. **Have you every injected drugs before? No_____ Yes_____**
   Drug(s)_____
   _____

The information above is true and complete to the best of my ability and knowledge, and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

_____ _____
Signature of Client/Guardian Date

10/24/2017

TB Elimination and Control Branch
540 S DuPont Highway
Thomas Collins Building Suite 12
Dover, DE 19901
302-744-1053